



National Institute on Drug Abuse (NIDA) **South Carolina Opioid Summary**

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South Carolina Opioid Summary

Opioid-Involved Overdose Deaths

In 2017, there were 749 overdose deaths involving opioids in South Carolina—a rate of 15.5 deaths per 100,000 persons compared to the national rate of 14.6 deaths per 100,000 persons. The greatest increase in opioid deaths occurred among cases involving synthetic opioids (mainly fentanyl), with a nine-fold increase from 46 deaths in 2012 to 404 in 2017 (Figure 1). Heroin involved deaths also increased in the same five-year period from 19 deaths in 2012 to 153 in 2017. Overdose deaths involving prescription opioids have remained steady in recent years after a nearly twofold increase from 186 in 2013 to 378 in 2014.

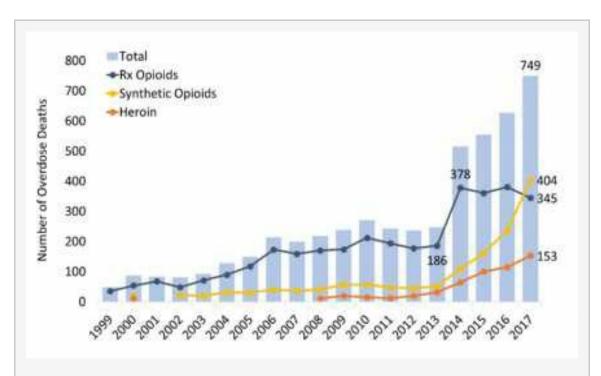


Figure 1. Number of overdose deaths involving opioids in South Carolina, by opioid category. Drug categories presented are not mutually exclusive, and deaths might have involved more than one substance. Source: CDC WONDER.

Opioid Pain Reliever Prescriptions

In 2017, South Carolina providers wrote 79.3 opioid prescriptions for every 100 persons (Figure 2) compared to the average U.S. rate of 58.7 prescriptions for every 100 persons. Overall, this represents a less than 12 percent decline in South Carolina opioid prescriptions, since 2006 (CDC).

From 2013 through 2014, the rate of overdose deaths involving opioid prescriptions doubled from 4.0 to 7.8 deaths per 100,000 persons. Since 2014, however, this rate has remained unchanged overall with 7.1 deaths per 100,000 persons in 2017 (Figure 2).

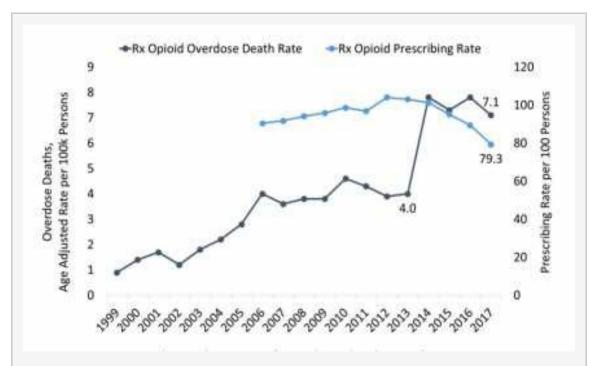


Figure 2. South Carolina rate of overdose deaths involving prescription opioids and the opioid prescribing rate. Source: CDC and CDC WONDER.

Neonatal Abstinence Syndrome (NAS)

NAS or neonatal opioid withdrawal syndrome (NOWS) may occur when a pregnant woman uses drugs such as opioids during pregnancy. A recent national study revealed a fivefold increase in the incidence of NAS/NOWS between 2004 and 2014, from 1.5 cases per 1,000 hospital births to 8.0 cases per 1,000 hospital births. This is the equivalent of one baby born with symptoms of NAS/NOWS every 15 minutes in the

United States. During the same period, hospital costs for NAS/NOWS births increased from \$91 million to \$563 million, after adjusting for inflation (Figure 3).

NAS/ NOWS in South Carolina doubled from 2009 through 2013 from 1.9 to 3.9 cases per 1,000 hospital births (CDC).

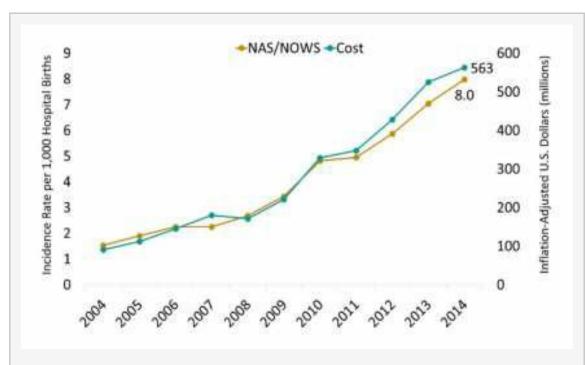


Figure 3. NAS/NOWS Incidence rate and hospital costs for treatment in the United States. Source: T.N.A. Winkelman, et al., 2018.

HIV Prevalence and HIV Diagnoses Attributed to Injection Drug Use (IDU)

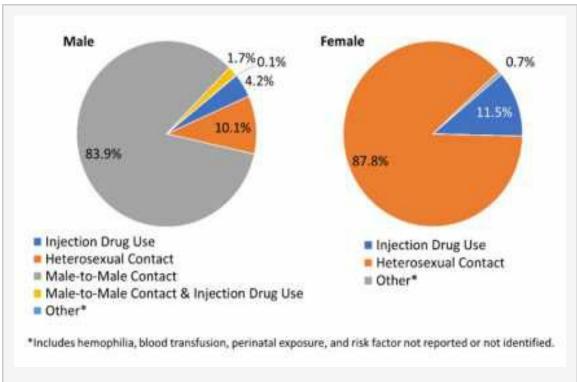


Figure 4. South Carolina: Estimated percent of male vs. female with new HIV diagnoses, by transmission category, 2016. Source: CDC and www.AIDSVU.org.

- U.S. Incidence: In 2016, 9 percent (3,480) of the 39,589 new diagnoses of HIV in the United States were attributed to IDU. Among males, 6.3 percent (2,530) of new cases were transmitted via IDU or male-to-male contact and IDU. Among females, 2.3 percent (950) were transmitted via IDU (CDC).
- U.S. Prevalence: In 2016, 991,447 Americans were living with a diagnosed HIV infection—a rate of 306.6 cases per 100,000 persons. Among males, 19.9 percent (150,4661) contracted HIV from IDU or male-to-male contact and IDU while 21 percent (50,154) of females were living with HIV attributed to IDU (CDC).
- **State Incidence:** Of the new HIV cases in 2016, 757 occurred in South Carolina. Among males, 5.9 percent of new HIV cases were attributed to IDU or male-to-male contact and IDU. Among females, 11.5 percent of new HIV cases were attributed to IDU (Figure 4) (AIDSVu).
- **State Prevalence:** In 2015, an estimated 16,425 persons were living with a diagnosed HIV infection in South Carolina—a rate of

394 cases per 100,000 persons. Of those, 14.4 percent of male cases were attributed to IDU or male-to-male contact and IDU. Among females, 14.8 percent were living with HIV attributed to IDU (AIDSVu).

Hepatitis C (HCV) Prevalence and HCV Diagnoses Attributed to Injection Drug Use¹

- **U.S. Incidence:** In 2016, there were an estimated 41,200 new cases of acute HCV² (<u>CDC</u>). Among case reports that contain information about IDU, 68.6 percent indicated use of injection drugs (<u>CDC</u>).
- **U.S. Prevalence**: An estimated 2.4 million Americans are living with HCV based on 2013-2016 annual averages (<u>CDC</u>).
- **State Incidence**: There were approximately 10 new cases of acute HCV (0.2 per 100,000 persons) reported in South Carolina in 2016 (CDC).
- **State Prevalence**: In South Carolina, there are an estimated 36,100 persons living with Hepatitis C (2013-2016 annual average), a rate of 970 cases per 100,000 persons (HepVu).

Additional Resources

- South Carolina Department of Health and Environmental Control, <u>The Opioid Epidemic</u>
- Centers for Disease Control and Prevention, Opioid Overdose



FY2018 NIH-funded projects related to opioid use and use disorder in South Carolina: 14

VIEW RESULTS

Find treatment in South Carolina (SAMHSA)

Notes

- 1. Not all states collect or report data on the incidence or prevalence of Hepatitis C or on how Hepatitis C is transmitted. When available, the data will be included.
- 2. Actual acute cases are estimated to be 13.9 times the number of reported cases in any year.